

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045006

FILED
Feb 12, 2007
Secretary of State

Entity Name: NEPALBA INVESTMENTS, INC.

Current Principal Place of Business:

2566 JARON WAY
WESTON, FL 33327 US

New Principal Place of Business:

4851 NW 103 AVENUE
55 C
SUNRISE, FL 33351 US

Current Mailing Address:

2566 JARDIN WAY
WESTON, FL 33327 US

New Mailing Address:

2755 KINSINGTON CIRCLE
WESTON, FL 33332 US

FEI Number: 65-0506444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REBOREDO, GASTON
2566 JARON WAY
WESTON, FL 33327 US

Name and Address of New Registered Agent:

REBOREDO, GASTON
2566 JARDIN WAY
WESTON, FL 33327 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ACOSTA, ALBA D
Address: 2566 JARON WAY
City-St-Zip: WESTON, FL 33327

Title: VPDS () Delete
Name: ACOSTA, NELSON
Address: 2566 JARDIN WAY
City-St-Zip: WESTON, FL 33327

Title: AVP () Delete
Name: REBOREDO, GASTON
Address: 2566 JARON WAY
City-St-Zip: WESTON, FL 33327

Title: AVP () Delete
Name: REBOREDO, REBECA
Address: 2566 JARON WAY
City-St-Zip: WESTON, FL 33329

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ACOSTA, ALBA D
Address: 2755 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33332

Title: VPDS (X) Change () Addition
Name: ACOSTA, NELSON
Address: 2755 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33332

Title: AVP (X) Change () Addition
Name: REBOREDO, GASTON
Address: 2566 JARDIN WAY
City-St-Zip: WESTON, FL 33327

Title: AVP (X) Change () Addition
Name: REBOREDO, REBECA
Address: 2566 JARDIN WAY
City-St-Zip: WESTON, FL 33329

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBA DE ACOSTA

PD

02/12/2007

Electronic Signature of Signing Officer or Director

Date